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Bib Data Sheet

CONFIRMATION NO. 2732

SERIAL NUMBER 10/662,921	FILING DATE 09/15/2003 RULE	CLASS 341	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 169-0004US
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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/411,047 09/16/2002 *DR*

** FOREIGN APPLICATIONS ***** *DR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/08/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 13	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
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TITLE
 Medical keyboard

FILING FEE RECEIVED 402	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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